



Community and Public Health  
Environmental Initiative

## Hearing Referral Form Primary Care Provider

Date of Referral: \_\_\_\_\_

Dear Parent/Guardian of Child's Name \_\_\_\_\_, Date of Birth \_\_\_\_\_:

As you know, all children participating in our program receive a hearing screening. We are pleased to offer this as a helpful resource in caring for your child's hearing health.

The results of your child's hearing screening are as follows:

**Your Child's Left Ear:**

**Your Child's Right Ear:**

After reviewing your child's hearing screening results, we are recommending that a more detailed examination be scheduled with a doctor. Some children may not pass the hearing screening due to wax blockage in the ear canal or a mild, undetected middle ear infection. It is therefore important that your child's ears be examined by a doctor as soon as possible.

At this time, we are referring your child to his/her primary care provider for a follow-up exam. Please make an appointment as soon as possible. If you have questions or concerns, please call us at 410-706-2575 or 410-706-2784.

Let us know if you need any help in making this follow-up appointment.

Sincerely,

Martine Kirwin, MS, RN  
Program Manager

Amy Nahley, MS, RN  
Program Manager